

Born in Cleveland ☐ YES ☒ NO

PLEASE
LETTER
PLAINLY
OR TYPE

Artist

JOSEPH B. O'SICKEY

FIRST NAME

LAST NAME

Address

2884 Edgemoor Rd. Cleve Hts. 18 Cuyahoga

NO.

STREET

CITY

ZONE

COUNTY

Tel.

ER-1-5340

☐ YES ☐ NO

ry Blank.

DO NOT WRITE IN
THESE COLUMNS

Use second blank if required

This entry blank must be fully made out, (typewritten or plainly printed) and signed. Unsigned entry blanks will not be accepted.

Note calendar for delivery and return of objects carefully. It is understood that the Museum will have the right to dispose for its own account any entry not called for by July 25, 1963.

The submission of entries will be construed as acceptance of all conditions printed in this entry blank.

Joseph B O'Leary

SIGNATURE

SIGNATURE _____